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7590 10/22/2004

Mark K. Johnson
PO Box 510644
New Berlin, WI 53151-0644

12/15/2004 SFELEKE2 00000055 10085378

01 FC:1504 300.00 OP
02 FC:1506 685.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/085,378	02/27/2002	Sean D. Monahan	13.04.05	8442

TITLE OF INVENTION: POLYNUCLEOTIDE COMPLEX DELIVERY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$300	\$985	01/24/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
KETTER, JAMES S	1636	435-458000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Mirus Bio Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Madison, WI

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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PTO/SB/21 (05-03)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/085,378
		Filing Date	02/27/2002
		First Named Inventor	Sean D. Monahan
		Art Unit	1636
		Examiner Name	James S. Ketter
Total Number of Pages in This Submission	3	Attorney Docket Number	13.04.05

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<small>Remarks:</small> issue fee transmittal		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark K. Johnson, Mirus Corporation		
Signature			
Date	12/13/2004		

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